

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000084881

**Entity Name:** PLAYA LIVING LLC

**Current Principal Place of Business:**

50 ALHAMBRA CIRCLE  
APT 411  
CORAL GABLES, FL 33134

**Current Mailing Address:**

50 ALHAMBRA CIRCLE  
APT 411  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-1215033

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IGLESIAS, ARTURO  
1822 SW 84 COURT  
MIAMI, FL 33155 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CARBALLO, MIRTHA  
Address 50 ALHAMBRA CIRCLE APT 411  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name IGLESIAS, ARTURO  
Address 1822 SW 84 COURT  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name CARBALLO, ROBERT  
Address 50 ALHAMBRA CIRCLE APT 411  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name IGLESIAS, DAISY  
Address 1822 SW 84 COURT  
City-State-Zip: MIAMI FL 33155

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIRTHA CARBALLO

**MANAGER**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date